

# U.S. DOT CROSSING INVENTORY FORM

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION

OMB Control No. 2130-0017

Expires: 3/31/2003

<b>A. Initiating Agency</b> <input checked="" type="checkbox"/> Railroad <input type="checkbox"/> State	<b>B. Crossing</b> (max. 7) <div style="font-size: 1.2em; font-weight: bold;">260495U</div>	<b>C. Reason for Update</b> <input checked="" type="checkbox"/> Changes in Existing Data <input type="checkbox"/> New Crossing <input type="checkbox"/> Closed Crossing or Abandoned	<b>D. Effective Date</b> (MM/DD/YYYY) <div style="font-weight: bold;">04/11/2007</div>
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## Part I: Location and Classification Information

1. Railroad Oper. Co. (code (max. 4 char.) or <b>EJE</b>		2. State (2 char.) <b>IL</b>	3. County (max. 20 char.) <b>LAKE</b>
4. Railroad Division or Region (max. 14) <b>JOLIET</b>	5. Railroad Subdivision or District (max. 14) <b>WESTERN SUB</b>	6. Branch or Line Name (max. 15) <b>MAINLINE</b>	7. RR Milepost (max. 7 char.) (nnnnn.nn) <b>0059.13</b>
8. RR I.D. No. (max. 10 char.)	9. Nearest RR Timetable Station (max. 15) (optional) <b>LEIGHTON</b>	10. Parent RR (max. 4) (if applicable)	11. Crossing Owner (RR or Company name) (if applicable) <b>EJE</b>
12. City (max. 16 char.) (check <input type="checkbox"/> In one) <input checked="" type="checkbox"/> Near <b>LIBERTYVILLE</b>		13. Street or Road Name (max. 17 char.) <b>DIAMOND LAKE RD</b>	<b>STATE SUPPLIED INFORMATION</b> 21. HSR Corridor ID (2 char.)  22. County Map Ref. No. (max. 10)  23. Latitude (max. 10 char., <b>42.2427700</b> ) 24. Longitude (max. 11 char., <b>-088.0044400</b> ) 25. Lat/Long Source <input checked="" type="checkbox"/> Actual <input type="checkbox"/> Estimated
14. Highway Type & No. (max. 7) <b>FAU2628</b>	15. ENS Sign Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Quiet Zone <input type="checkbox"/> No <input type="checkbox"/> Partial <input checked="" type="checkbox"/> 24 hr <input type="checkbox"/> Unknown	
17. Crossing Type (choose one) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Pedestrian	18. Crossing Position <input checked="" type="checkbox"/> At Grade <input type="checkbox"/> RR Under <input type="checkbox"/> RR Over	19. Type of Passenger Service <input type="checkbox"/> AMTRAK <input type="checkbox"/> AMTRAK & Other <input type="checkbox"/> Other <input checked="" type="checkbox"/> None	
20. Average Passenger Count Per Day <b>0</b>			
26. Is There an Adjacent Crossing With a Separate Number? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, Provide _____ (7 characters)			

## 27. PRIVATE CROSSING INFORMATION

27.A. Category (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		27.B. Public <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	27.C. Signs/Signals <input type="checkbox"/> None <input type="checkbox"/> Signs Specify (max. 15) _____ <input type="checkbox"/> Signals Specify (max. 15) _____
28.A. Railroad Use (max. 20)		29.A. State Use (max. 20)	
28.B. Railroad Use (max. 20)		29.B. State Use (max. 20)	
28.C. Railroad Use (max. 20)		29.C. State Use (max. 20)	
28.D. Railroad Use (max. 20)		29.D. State Use (max. 20)	
30. Narrative (max. 100) <b>REMOTE MONITORING SYSTEM</b>			

31. Emergency Contact (Telephone No.) <b>(847)-362-2131</b>	32. Railroad Contact (Telephone No.) <b>(815)-740-6742</b>	33. State Contact (Telephone No.) <b>(847)-705-4110</b>
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## MUST COMPLETE REMAINDER OF FORM FOR PUBLIC VEHICLE CROSSINGS AT GRADE

### Part II: Railroad Information

1. Number of Daily Train Movements			
1.A. Total Trains <b>6</b>	1.B. Total Switching Trains <b>3</b>	1.C. Total Daylight Thru Trains (6 AM to 6 PM) <b>3</b>	1.D. Check if Less Than One Movement Per <input type="checkbox"/>
2. Speed of Train at Crossing			
2 A. Maximum Time Table (mph) <b>45</b>			
2 B. Typical Speed Range Over (mph) from <b>5</b> to <b>45</b>			
3. Type and Number of Tracks			
Main <b>1</b> Other <b>0</b> If Other, Specify (max. 10) _____			
4. Does Another RR Operate a Separate Track at If Yes, Specify RR (max. 16 char.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Does Another RR Operate Over Your Track at Crossing? If Yes, Specify RR (max. 16 char.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>UP</b> <b>CN</b>	

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B. Crossing Number(max. 7) <b>260495U</b>		<b>PAGE 2</b>			D. Effective Date (MM/DD/YYYY) <b>04/11/2007</b>											
<b>Part III: Traffic Control Device Information</b>																
1. No Signs or Signals  <input type="checkbox"/> Check if Correct		2. Type of Warning Device at Crossing <b>Signs</b> (specify number of each) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">2.A. Crossbucks _____ <b>2</b> _____</td> <td style="width: 25%;">2.B. Highway Stop Signs (R1-1) _____</td> <td style="width: 25%;">2.C. RR Advance Warning Signs (W10-1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 25%;">2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> </table>					2.A. Crossbucks _____ <b>2</b> _____	2.B. Highway Stop Signs (R1-1) _____	2.C. RR Advance Warning Signs (W10-1) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.D. Hump Crossing Sign (W10-5) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						
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2.E. Pavement  <input type="checkbox"/> Stoplines <input checked="" type="checkbox"/> RR Xing Symbols <input type="checkbox"/> None		2.F. Other Signs: (specify MUTCD type) Number _____ Specify Type (max. 10 char.) _____ Number _____ Specify Type (max. 10 char.) _____														
3. Type of Warning Device at Crossing <b>Train Activated Devices</b> (specify number of each)																
3.A. Gates _____ <b>2</b> _____	3.B. Four-quadrant (or full barrier) Gates <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3.C. Cantilevered (or Bridged) Flashing Over Traffic (number) _____ Not Over Traffic (number) _____	3.D. Mast Mounted Flashing Light (number) _____ <b>2</b> _____	3.E. Number of Light Pairs _____ <b>2</b> _____												
3.F. Other Flashing Lights: Number _____ Specify Type(max. 9 _____)			3.G. Highway Traffic Signals (number) _____	3.H. Wigwags (number) _____	3.J. Bells (number) _____ <b>1</b> _____											
3.K. Other Train Activated Warning Devices: (specify) (max. 9 char.) _____																
4. Specify Special Warning Device NOT Train (max. 20 char.) _____				5. Channelization Devices With Gates <input type="checkbox"/> All Approaches <input type="checkbox"/> One Approach <input checked="" type="checkbox"/> None												
6. Train Detection <input checked="" type="checkbox"/> Constant Warning Time <input type="checkbox"/> DC/AFO <input type="checkbox"/> Motion Detectors <input type="checkbox"/> Other <input type="checkbox"/> None		7. Signalling for Train Operation: Is Track Equipped With Signals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Traffic Light Interconnection/Preemption <input type="checkbox"/> Not Interconnected <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Simultaneous Preemption <input type="checkbox"/> Advance Preemption												
9. Reserved For Future Use		10. Reserved For Future Use		11. Reserved For Future Use		12. Reserved For Future Use										
<b>Part IV: Physical Characteristics</b>																
1. Type of Development <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional				2. Smallest Crossing Angle <input type="checkbox"/> 0 - 29 <input type="checkbox"/> 30 - 59 <input checked="" type="checkbox"/> 60 - 90												
3. Number of Traffic Lanes Crossing Railroad _____ <b>2</b> _____		4. Are Truck Pullout Lanes Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Is Highway Paved? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
6. Crossing Surface (on main line) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1. Timber</td> <td><input type="checkbox"/> 2. Asphalt</td> <td><input type="checkbox"/> 3. Asphalt and Flange</td> <td><input type="checkbox"/> 4. Concrete</td> <td><input type="checkbox"/> 5. Concrete and Rubber</td> </tr> <tr> <td><input checked="" type="checkbox"/> 6. Rubber</td> <td><input type="checkbox"/> 7. Metal</td> <td><input type="checkbox"/> 8. Unconsolidated</td> <td><input type="checkbox"/> 9. Other (Specify) _____</td> <td></td> </tr> </table>							<input type="checkbox"/> 1. Timber	<input type="checkbox"/> 2. Asphalt	<input type="checkbox"/> 3. Asphalt and Flange	<input type="checkbox"/> 4. Concrete	<input type="checkbox"/> 5. Concrete and Rubber	<input checked="" type="checkbox"/> 6. Rubber	<input type="checkbox"/> 7. Metal	<input type="checkbox"/> 8. Unconsolidated	<input type="checkbox"/> 9. Other (Specify) _____	
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<input checked="" type="checkbox"/> 6. Rubber	<input type="checkbox"/> 7. Metal	<input type="checkbox"/> 8. Unconsolidated	<input type="checkbox"/> 9. Other (Specify) _____													
7. Does Track Run Down a Street? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Nearby Intersecting Highway? <input type="checkbox"/> Less than 75 feet <input checked="" type="checkbox"/> 75 to 200 feet <input type="checkbox"/> 200 to 500 feet <input type="checkbox"/> N/A			Is it Signalized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
9. Is Crossing Illuminated? (street lights within approx. 50 feet from nearest) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. Is Commercial Power Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		11. Space Reserved For _____												
<b>Part V: Highway Information</b>																
1. Highway System <input type="checkbox"/> Interstate <input checked="" type="checkbox"/> Federal Aid, Not NHS <input type="checkbox"/> Nat. Hwy System (NHS) <input type="checkbox"/> Non Federal Aid		2. Is Crossing on State Highway System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Functional Classification of Road at Crossing _____ <b>17</b> _____		4. Posted Highway _____ <b>30</b> _____										
5. Annual Average Daily Traffic (AADT) Year <b>2004</b> AADT <b>006500</b>		6. Estimate Percent _____ <b>00</b> _____		7. Average Number of School Over Crossing per School Day _____ <b>0</b> _____												

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